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"While they were saying among themselves 'It can not be done' it was done."

—Helen Keller

Training Normal Hearing to Greater Usefulness: *A Progress Report*

FAY-TYLER M. NORTON, Ph.D.

There is current widespread interest in the use of hearing by blind individuals for the purpose of better orientation and better mobility. The Office of Vocational Rehabilitation is now supporting at least three hearing projects of major proportions.

The most recent grant was made to C. W. Shilling Auditory Research Center, in Groton, Connecticut. They are equipped with the most modern instrumentation and, according to John Dupress, of the American Foundation for the Blind, they intend to do research which will lead to the identification of auditory cues used by skilled blind travelers. They also intend to design training material for the rehabilitation of blind persons who are not able to travel independently with a cane or a dog. Matching funds for this project have been provided by Seeing Eye, Inc., Morristown, New Jersey.

A second project has been in progress about two years at the Industrial Home for the Blind, in Brooklyn, New York. Their objective is service to blind individuals who are hard of hearing. An excellent description of this project, written by Dr. Moe Bergman, the principal investigator, appeared in the December 1959 issue of the New Outlook.[1]

In the same issue of the New Outlook *there appeared also an introduction to the hearing research project in progress at the Cleveland Society for the Blind.[3] Our purpose is to develop methods for training normal hearing of blinded persons to greater usefulness. The following article describes the research further and presents some findings.*—F.M.N.

A MAJOR PROBLEM for the blind person is knowing what is going on around him, knowing his world, and knowing where he is in relation to other people and objects. The problem is one of orientation and mobility. The experienced blind person will tell you he has gradually learned to use his hearing more effectively to solve this many-sided problem.

Of the five senses, sight and hearing are the only two long-distance ones, those that inform us about distant events. Sight is more accurate, but without sight, or with limited sight, a person must depend largely on his hearing to locate and identify things by sound.

Since the usefulness of hearing seems to improve with experience, it is the purpose of the Society's hearing research project to develop methods for raising the use-

Dr. Norton, a research psychologist, heads the hearing research project at the Cleveland Society for the Blind which she here describes.

fulness of the hearing of blind persons. Our research problem was to answer this question: Will localization and identification of sounds improve with training? But more specifically for the experiment we asked: Can binaural tape recordings be used in training for localization and identification of sounds?

Research Procedure

The Recording Process

Binaural tapes are made with two microphones approximately seven inches apart which pick up sound in much the same way as a person's two ears do, with a separate sound-track recording for each. The recordings are played back through earphones, one track to each ear, so that each ear hears only what the corresponding microphone has picked up. This should not be confused with commercial "stereo," which is recorded with microphones placed several feet apart and heard by means of two loudspeakers so that sounds from each speaker are heard by both ears.

The binaural, or two-eared, recordings reproduce sounds so realistically that they seem to have location, direction, and distance just as with normal two-eared hearing. Each ear hears the same sound in a slightly different way. The two slightly different signals are interpreted by higher brain centers and give us a feeling of space, that is, of hearing "in 3-D." There are several physical differences at the eardrums in binaural listening, but the important fact is that it is the two-eared hearing which achieves the best space perception.

The Recordings

For the experiment and for training purposes scripts were written from which were recorded training tapes and testing tapes for localizing and identifying sounds.

Two types of binaural recordings were used in the experiment. One was a "you-are-there" type, recordings of familiar situations, in the kitchen and in the neighborhood. The other was a series of clockface recordings designed to train and test localization alone. To make these recordings the narrator walked around the microphones on a large clockface drawn on the floor. Since the microphones were at the center of the clockface, the trainee, listening to the recording, experiences the movement of the narrator around him.

The following is a list and description of the recordings used for experimental purposes. A few other recordings, both monaural and binaural, were also used for special training purposes.

1. Adjust and Pretest (APT—10 minutes). To allow trainee to adjust to use of the headset, and to adjust volume; to orient trainee in the clockface convention; to provide the first score on location of sound before training.

2 and 3. Clockface Training (CFTR 1 and CFTR 2—12½ minutes each). Two recordings which go through systematic teaching procedures on the clockface with speech and a low-frequency rattle.

4 and 5. Clockface Tests 1 and 2 (CFT 1 and CFT 2—7 minutes each). Two recordings to test ability to locate sound. Each contains two tests, two complete series of clock-hour positions with the narrator asking "Where am I?" (1, 4, and 5 contain a total of five localization tests.

6. Kitchen Training (KTR 1—10 minutes). A recording in which kitchen sounds are described by the narrator as they are heard.

7. Kitchen Test (KT 1—7 minutes). Designed to test location and identification of kitchen sounds.

8. Kitchen Test (KT 2—9 minutes). Someone prepares instant coffee. Questions are then asked about location and identification of things in the kitchen.

In the experiment a monaural recording was also used for sound identification only. There was a training section in which the sounds were identified by the narrator and there was a test section. The sounds included such familiar ones as a typewriter, a diesel-powered locomotive, a revolving door, and a motorboat in water.

Subjects

The binaural tapes have been used by approximately fifty trainees from the New York Lighthouse and from the Cleveland Society for the Blind. For the experiment itself, twenty trainees were selected to serve as subjects. They were divided into two groups, the experimental (E) and the control (C) groups. All subjects had normal balanced hearing, and were between eighteen and fifty-five years of age. The two groups were matched in range and level of intelligence, length of time blinded, and amount of residual vision.

Experimental Testing and Training Procedures

The experimental group received the training first, then was tested. The control group was tested without receiving the training, although training was given later. Both groups were exposed to the Adjust and Pretest (APT) recording in the first training session in order to have pre-training localization scores for all.

There were three training sessions for each individual. The sessions were usually two, and occasionally three, days apart. They consisted of:

Experimental Group

Session I

1. General introduction to the procedure and establishment of rapport with the instructor.
2. Recording APT (one localization test).
3. Discussion on hearing: information on how we hear, what experienced blind persons can do, echolocation or sonar techniques, what are trainee's experiences with sounds. Purpose: to inform and to motivate.
4. Recording CFTR 1.
5. Trainee's experiences: Instructor listens and guides trainee's ideas.
6. Assignment of homework in listening to sounds in the home.

Session II

1. Review of discussion in Session I.
2. Recording CFTR 2.
3. Recording CFT 1 (two localization tests).
4. Recording KTR 1.
5. Discussion, if trainee were interested.
6. Assignment of homework in listening to sounds outside.

Session III

1. Brief discussion of homework.
2. Monaural recording.
3. Recording KT 1.
4. Recording CFT 2 (two localization tests).
5. Recording KT 2.
6. Trainee's evaluation of hearing training.

Control Group

Session I

1. General introduction as for E group.
2. Recording APT.
3. Recording CFT 1.
4. Monaural test.

Session II

1. Recording CFT 2.
2. Recording KT 1.
3. Recording KT 2.
4. Recording CFTR 1.

Session III

1. Discussion on hearing as for E group.
2. Recording KTR 1.
3. Recording CFTR 2.
4. Trainee's evaluation of hearing training.

Great care was taken not to rush into the testing for the control group. No trainee was tested until the instructor judged him to be at ease and relaxed in the testing situation. The APT recording served well to create an interesting situation.

Results

Early in training and experimentation it

was noted that the trainees' awareness of and enthusiasm for the use of hearing seemed to be sharpened. After each trainee completed training and test sessions, he was asked to evaluate a training program for hearing. The evaluation questions are carefully worded to avoid influencing the answers. Each trainee stated that the training had made him "more conscious" of the use of hearing or had "emphasized" it. Trainees agree that the training would be useful to "most" or "all" blind people when the choices are "all," "most," "about half," "a few," or "none." Many who seemed to express themselves readily reported that the information most useful to them concerned two-eared hearing, head-turning, the use of sound reflections or echolocation techniques, and the possibility of continued development of the use of hearing.

Sound Identification

No complicated statistics are necessary to clarify results in sound identification. A cursory look at the data is enough. The sound-identification recordings have so far been of such ordinary, well-known sounds that almost all trainees in both groups could identify them at a 100 per cent level. The recordings in the kitchen, neighborhood, etc., seem to serve to interest a trainee, to emphasize the importance of hearing, and to motivate him to further careful listening in order to improve localization and identification of sounds. This is excellent in itself, but there are still many questions concerning just what sounds are most important for training blind persons.

Sound Localization

The data show generally that localization of sound via binaural recordings will improve with practice, but there is a limitation. In using the binaural recordings errors in front-back localization are made. This means, for example, that twelve o'clock (center front) and six o'clock (center back) are confused about 50 per cent of the time. This is an error which is perfectly "natural." It is due to the relative signals in the two ears, twelve o'clock sounding the same (equally loud, etc.) in both ears, and six o'clock also sounding the same in both ears. The front-back errors do not stop there. Remembering the imaginary clockface on the floor around us and remembering our position as always facing twelve o'clock, we can readily see that one o'clock (right front) and five o'clock (right rear) will also be confused since there again is the similar relationship of sound signals in the two ears. (For example, sounds from one and five are slightly louder in the right ear and reach the right ear a fraction of a second sooner.) Results show this front-back error for positions twelve and six, one and five, two and four, eleven and seven, ten and eight. A left-right error is very rarely made. The three (directly right) and nine (directly left) can be slightly misplaced toward front or back, but the sides are not reversed. The simplest explanation lies most likely in the fact that in listening to binaural recordings via headphones there is no way to turn the head for another "point of view" on the sound. Head-turning, even very slight, involuntary head-turning, usually affords the adequate cue to correct front-back localization.

In order to take into consideration the facts of front-back localization, two measures were used to score localization results. Measure *a* is the mean clock-hour error. If the correct answer was four o'clock and the trainee answered five o'clock, this counted as one clock-hour of error. For each test the mean (average) of these errors was calculated for the individual and then for the group. Measure *b* is the corrected mean clock-hour error. Scores were calculated as if either twelve *or* six were correct for twelve and six, as if either two *or* four were correct for two and four, etc. This method of scoring controls statistically the front-back errors. It is as if the circle of the clockface were converted to a half-circle.

Results of the five clockface tests are

TABLE I

Means# of scores and standard deviations for each test for each group; the statistic *t* comparing mean scores of the trained (E) and untrained (C) groups on each of the five localization tests.

	E Group		*C Group*		
Test	Mean#	σ	Mean#	σ	*t*
1	1.27	.346	.95	.390	1.839*
2	.98	.400	.92	.462	.294
3	.92	.310	.80	.200	.976
4	1.01	.351	.93	.288	.530
5	.79	.263	.79	.382	.0387

#Measure *b*, corrected mean clock-hour error (see text for explanation). N = 10 for each mean.

*Significant at 10 per cent level.

shown in Tables I, II, and III. For brevity only analyses of measure *b* are tabulated since there are no statistically significant differences between any groups when measure *a* is analyzed. It is in measure *b* that the improvement of scores with practice shows up. Table I shows the group means for each test. The statistic *t* is used for analysis to compare the experimental (E) group (trained) with the control (C) group (untrained). Table II shows *t*'s which indicate comparison of one test with another. Table III reports results of the analysis of variance.[2]

In Table I note the improvement of mean scores from Test 1 to Test 5. For E group, errors dropped from a mean of 1.27 to .79; for C group, errors dropped from .95 to .79. The improvement with practice occurred with both the E group and the C group. The analysis of variance (Table III) shows that the difference on all five localization tests between the E and C groups is not highly significant, but that there are significant differences among trials (or tests, in this case). But two facts remain. Test 1 (the pretest) showed that the C group, which received no training, was significantly better than the E group to begin with; and yet the group means for E and C are the same (.79) on Test 5, the last test (Table I). For E group the dif-

TABLE II

The statistic *t* comparing mean scores of the same group on Test I and each of the other four tests.

Comparisons of Corrected Error Means Between:	E Group *t*	C Group *t*
Tests 1 and 5	3.057***	2.319*
Tests 1 and 4	1.538	.225
Tests 1 and 3	2.381**	1.7503
Tests 1 and 2	1.883*	.248

*Significant at 10 per cent level
**Significant at 5 per cent level
***Significant at 2 per cent level

TABLE III

Analysis of Variance (Measure *b*)

Source of Variation	*SS*	*df*	*Mean Square*	*F*
Between method: E, C	.32	1	.3200	.9159
Between subjects in same group	6.29	18	.3494	
Total between subjects	6.61	19		
Between trials: I, II III, IV, V	1.17	4	.2925	3.6746*
Interaction: Trials X Methods	.30	4	.0750	.9422
Interaction: Pooled subjects X Trials	5.73	72	.0796	
Total within subjects	7.20	80		
Total SS	13.81	99		

*Significant at the 1 per cent level

ference between Test 1 and Test 5 is highly significant at the 2 per cent level (Table II); for C group this difference is significant but only at the 10 per cent level (also Table II). E group improved somewhat more rapidly with the same amount of practice.

Conclusions and Discussion

We can conclude that the training in localization was accomplished via binaural recording. Just taking the tests, which is actual practice in localization, provided a certain amount of effective training. Simple localization of speech sounds and a low-frequency rattle improved with each successive test, with one exception, Test 4 (Table I).

With the use of a corrected score for front-back errors there is a consistent and significant decrease in errors on an individual basis as well as on a group basis. They occurred even though the recording equipment and reproducing equipment which were used are not as reliable as they should be. It was not always certain that the two channels were balanced (e.g., for volume). Subjective judgments were made, but objective, physical methods were neither adequate nor always available. This means, of course, that all equipment is now being more thoroughly checked and that new types of equipment must be used.

With present, standard recording techniques, the recordings for localization tests will be made in the half-circle in front or to the rear of the microphones and trainees will be so informed. If the listener knows sounds are coming from front or back he experiences little difficulty in perceiving the sounds as being from that direction.

The front-back problem is one limitation to present binaural recordings, but it can be at least partially overcome. The other main limitation to their use in agencies serving blind persons is the fact that the necessary equipment is expensive and must be carefully cared for by highly trained personnel in order for sounds to be reproduced properly. In many agencies, however, there are sufficient funds for the purchase and maintenance of the highly specialized equipment.

A further problem in the use of binaural recordings for hearing training lies in the fact that an instructor still needs to motivate the trainee, and to plan an individual program of hearing training for him.

There are, however, obvious advantages to the use of binaural recordings in hearing training. The instructor's time and the trainee's time can be saved. With recordings sounds are immediately available; one does not have to wait for them to occur in real life or go out to find them. Basic information about hearing can be imparted via recordings, and, with some development of equipment, a group of trainees could listen at once. Recordings also can provide a wide range of experience with sounds in a passive listening situation.

The terms *experience* and *passive listening* are key concepts in hearing training. Our findings so far—some experimental, some deductive, some clinical—suggest basically that the key to more rapid learning is planned, controlled *experience* and that emphasis should be on generalized situations and generalized information which are transferable from one situation to another.

The idea of *passive listening* refers to the fact that in listening the trainee is not actively engaged in travel. He is paying attention only to the auditory world. One regrets the term "passive" listening, because the trainee, to be sucessful, is decidedly active in listening situations. But the activity is listening and responding, often only in words, what is heard to.

Note that the term *passive listening* is not only applicable to listening to recorded sound, but also to sounds in space, in the natural situation. The technique of listening to traffic and responding with the word "Now I could go" is an example.

Passive listening allows the trainee to devote full attention to one aspect of his environment without distractions. It is hoped that success and achievement in

passive listening situations instill confidence in the trainee and help overcome fear and tension when the trainee enters the active situation.

Research and the Future

The test of the effectiveness of hearing training lies in validity studies. We want to know if we are training the skills we hope we are training. Are we trying to develop better, more quickly learned travel ability? Generally, hearing training would be used as part of active travel training, but we must remember the simpler orientation needs, such as those of an elderly lady who wants only to find her way around her home.

The Cleveland project, in the few months remaining to it, proposes to offer only segmented and limited evidence of validity. We will be able to know immediate effects of training in a few special situations; for example, in the kitchen, or at a traffic light. Will the person trained with the traffic recordings be able to perform better when actually on the street corner, listening? Will an experienced blind person be able to perform as well when tested with recorded traffic sounds as he does when actually on the street corner? We propose to compare the use of recorded sound with the use of sound sources actually in space. The comparison is important also in the clockface situations.

Another major research project in hearing training is a test of the validity of a hearing training program as a whole in connection with good travel training programs such as are given large numbers of blind persons at the VA hospital at Hines, Illinois, or those at The Seeing Eye, Inc. Matched groups would receive travel training as usual, or travel training plus systematic instruction in hearing. Both groups would be tested with many objective measures and any necessary subjective ones, too. The project would be completed with follow-up studies of the same people after a lapse of time, possibly a year or two. We would want to know if the trained group showed greater continued progress in travel.

The list of future research needs would fall short if it excluded experimentation on good equipment and instrumentation. Two approaches—one the study of instrumentation itself, the other a more psychological or educational view—travel parallel roads. And each must reinforce the other. If results continue to be positive we hope to produce recordings and a brief manual on systematic hearing training. Lesson plans would include systematic experiences in listening, and the use of sounds as reference points. We also hope to provide some guide for those to whom binaural recordings are not available.

The future of hearing training lies in its serious and critical use by experienced orientation instructors. Many instructors are already using their own techniques of hearing training in conjunction with other orientation procedures. There should soon be systematic and tested procedures available from several sources. Instructors' experiences in using the tested technique will be invaluable for the development of even better techniques in hearing training.

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Study of Deaf-Blind Children: *A Developmental Plan*

FERNE K. ROOT
BETTY G. RILEY

PROFESSIONALS WHO WORK with young blind children and their parents inevitably find that for some children a "plan of action" is extremely difficult to outline because of the existence of other physical or emotional factors which result in delayed general development or in specific learning disabilities. Planning for the care, training, or education of any child with a combination of handicaps is extremely complicated and must be highly individualized. It must be built upon his present level of performance, must make maximum use of his abilities—must, in short, be developmental.

Many communities have services and facilities which could be helpful to blind children who have additional handicaps. However, the use of specific services and requests for consultation require a high degree of understanding of the needs and problems involved. Troubled parents may ask for help without clearly defined goals or accurately directed concern. It thus becomes the responsibility of the professional person to obtain information, develop a plan, utilize available resources, evaluate the progress, and interpret the plan, treatment, and progress to parents and cooperating personnel. Caseworkers, psychologists, physicians, public-health nurses, or teachers do not need a "label" to attach to a child in order to secure the essential services, but they must be able to observe and describe behavior accurately and to understand the nature of some of the problems as they appear at this point in time of the child's life.

With a view to providing a unified approach to the observation and study of multiple-handicapped blind children, a diagnostic clinic was established in February, 1957, within the Center for the Development of Blind Children at Syracuse University.* Two children are studied each month for a four-day period, on the basis of referrals received from physicians, agencies or schools.

Of the forty-five children who have thus far been seen, perhaps those presenting the greatest challenge to the diagnostic team have been the deaf-blind.** Sixteen of these children from various parts of the country have been studied since the fall of 1957, when a referral system was set up between the Center and the American Foundation for the Blind. Four more deaf-blind youngsters are scheduled to be seen before the end of June. Full or partial costs involved in these studies have been

Mrs. Root is coordinator of the Center for the Development of Blind Children at Syracuse University. Miss Riley is field worker in Services to the Deaf-Blind at the American Foundation for the Blind.

** The Center was originally established with the cooperation and support of the Junior League of Syracuse to serve blind children of Onondaga County. Referrals are now being accepted from a wider geographical area.*

*** The term "deaf-blind" as used in this article refers to children with any combination of serious visual and auditory impairments.*

assumed by the Foundation, which maintains a fund for diagnostic evaluation of deaf-blind children.

Although it is still too early to attempt to assess the effectiveness of the recommendations made for individual children, some general observations can be made concerning the dynamics of the diagnostic process as it is carried out at the Center.

As part of the Division of Education for Exceptional Children of the School of Education, the Center for the Development of Blind Children draws upon consultants from all areas of exceptionality. Medical personnel on the diagnostic team are affiliated with the State University of New York College of Medicine and adjacent hospitals, where laboratory facilities are readily available.

The permanent team is comprised of a pediatrician, an ophthalmologist, an otologist, a pediatric neurologist, a speech-and-hearing consultant (who is also an experienced teacher of the deaf), a psychologist, and a teacher of young blind children who serves as coordinator. Additional medical consultants available for special referrals include a child psychiatrist, a pediatric cardiologist, and an orthopedist.

Social and medical histories, reports of previous psychological examinations, hearing tests, school or agency records, and other pertinent background data are obtained prior to the scheduled study.

With the exception of the neurological (which may include electroencephalography) and other medical examinations requiring special laboratory facilities, all examinations and observations are carried out in playrooms or examining rooms in the Special Education Building.

Since family relationships are considered of major importance, one or both parents must accompany the child to the Center and remain with him throughout the study. During this four-day period the child and his parents have appointments at well-spaced intervals which allow some free time during the day in order to prevent undue fatigue. Overnight accommodations are secured for the children and their families within close proximity to the Center.

Although each specialist sees the child independently, some of the examinations are observed by other members of the team. The psychologist, for example, may wish to study the child's interaction with the coordinator as she works with him in one of the playrooms. Or, as is often the case, both the psychologist and the coordinator will be present during auditory testing. Observation windows are provided for this purpose, and when the parents are not actually participating in the examinations, they observe along with the staff. In certain instances, the coordinator may suggest that either or both of the parents play with the child while she or other members of the team observe.

At the end of the four-day examination and observation period, the diagnostic staff meets in conference to discuss findings and impressions.

Local Worker Participates

When children from outside of the immediate geographical area first began coming to the clinic, it was apparent that a professional person from the child's own community was essential in the diagnostic process. It was recognized that parents often require support and interpretation during a period when they are away from home, when their child is being observed and examined, and when they are being interviewed. Both the Center coordinator and the Foundation coordinator (who serves as a consulting member of the team studying deaf-blind children) spend a good deal of time with the parents. However, the real support which most families need is best supplied by someone from "home"—a worker with whom there is already an established relationship and with whom a relationship will continue.

Perhaps an even more important consideration in having the representation of a local agency worker is that related to

the follow-up and continuity of service for which he must be responsible at the community level. Since written reports at their best cannot reflect the entire content of a four-day diagnostic process, this person is on the spot to pick up the "tone" of the observation or examination. He is also able to observe the clinic in action, to evaluate the strengths and weaknesses of a particular child's diagnostic experience, and to discuss his impressions at the staff conference. Although reports of the findings and recommendations are sent at the request of the parents to appropriate agencies and professional persons, it is the local worker who must discuss the content of the report with the family and provide verbal interpretation in making referrals.

The Diagnostic Program in Action

While no two children are alike, and therefore no case can be considered "typical," the following summary of one deaf-blind child's visit to the Center may serve to illustrate some aspects of the diagnostic program in action:

Peggy* was three years eight months of age at the time of referral. Her mother and father were both in their early twenties. The child's blindness was noted at birth and diagnosed as congenital glaucoma. A congenital heart defect was also noted at that time. "Deafness of unknown congenital origin" was diagnosed early in infancy.

During the initial interview with the Center's coordinator on Monday morning, the week's schedule of appointments was discussed with the parents and the agency worker. Although they had received advance copies of the schedule and had been contacted by telephone upon their arrival at Syracuse the previous evening, this interview was designed to provide the parents with a more thorough understanding of what to expect and what not to expect of the diagnostic study, of how various examinations would be conducted, and of the part they would play in them. They were also encouraged to discuss their own expectations concerning the study. In this case, the parents expressed concern over whether Peggy could be educated in a department for deaf-blind children. It was explained that she was still quite young for school admission and that perhaps the team would be able to make some recommendations for a readiness program which could be carried out at home with the help of community resources.

At the conclusion of the interview, Peggy and her parents were seen by the pediatrician. This examination took place in a playroom so that the child was free to explore while a developmental history was obtained from the parents. When Peggy's physical examination had been completed, the pediatrician recommended to the coordinator that the child be referred to a cardiologist before proceeding with any further examinations.

Inasmuch as Peggy had been under the periodic care of a heart specialist since infancy, this referral and revision in the day's schedule was discussed with the parents, and, with their approval, was carried out. The appointment was set up at a large hospital a block away from the Special Education Building. The coordinator accompanied the family to the hospital to help them find the laboratory and introduce them to the doctor. Upon completion of the heart examination, a verbal report was given to the coordinator which served as a go-ahead signal for continuation of the study. The heart murmur was considered of insufficient magnitude to preclude Peggy's engaging in normal physical activity.

That afternoon, the first of a series of hearing tests was administered, and the parents were shown how they might work with Peggy in promoting initial language and speech development.

As the diagnostic program progressed it was observed that both parents, but more particularly, the father, seemed to be utilizing many of the suggestions which had

* *The name of the child has been changed for this article.*

been made by the staff, either verbally or through demonstrations, for providing Peggy with appropriate stimulation. The child, in turn, appeared more responsive to their handling than she had on the first day.

Although the full report of findings and recommendations in Peggy's case runs well over ten pages in length, a few excerpts may point up the major areas of interest and concern:

Ophthalmological: "Peggy has bilateral congenital glaucoma. . . . The right eye is normal in size. The amount is undetermined, but the child has vision in this eye. The left eye has no vision. . . . The long-term visual prognosis is usually poor for children with this eye condition. The vision often deteriorates slowly and there is also the possibility of the formation of cataracts. It would be advisable to have the eyes checked at three- to four-month intervals.

Speech and Hearing: "Regular audiometry was not feasible or reliable with Peggy. . . . Although the hearing problem was not completely dissolved in terms of preciseness and magnitude, on the basis of EEG audiometry, the test results are unequivocal and indicate the child has hearing at 500, 1,000, and 2,000 c.p.s. which can be utilized for training purposes. . . .

"The speech evaluation reveals that she is retarded in all areas of vocabulary, speech, and language development. The parents have indicated that they have been treating Peggy as if she were a deaf child and not providing much auditory and speech stimulation. Vocabulary, speech, and language techniques were demonstrated to the parents and it was recommended that they continue this within the framework of a developmental program. Recommendations: 1) Auditory training utilizing amplification of moderate intensity; 2) Vocabulary, speech, and language development combining auditory responses with tactile responses; 3) Parental counseling; 4) A developmental rather than a remedial program.

Neurological: "Examination revealed that the child was small, and the maximal skull circumference was 45.5 cm. (normal for a child nine months old). . . . In summary, this is a child who may have some cerebral agenesis and secondary microcephaly, and whose psychologic tests in the past have suggested mental retardation. On the other hand, she has not been expected to hear and has acted accordingly.

Psychological: "The social age obtained from the mother's responses to the Maxfield-Buchholz *Scale of Social Maturity for Use with Preschool Blind Children* indicates that Peggy is functioning at about a two-and-a-half-year level of development. . . . However, all of her failures in the one- and two-year-level behaviors are failures in the area of communication. In the examiner's opinion, Peggy is not a severely retarded child.

Coordinator's Impression: "Peggy is in many ways a very competent child who has areas of development which would be considered normal for a child with a severe visual loss. Motor development, self-direction, exploratory drive, use of objects and self-help activities are all progressing at a good rate.

"Development of interpersonal relationships and of communication skills are delayed, and it is entirely probable that these two factors are inter-related. Certainly from age three on, lack of language communication can have a seriously delaying or limiting effect on social, emotional and intellectual growth. It seems imperative that an intensive, consistent program of language development be provided quickly for Peggy.

"In connection with a language program, it would also be advisable to use methods which would help Peggy accept some limits to her behavior and help her move in the direction of greater cooperation with the demands of routine home or school life. Her present self-direction and independence almost amount to isolation. She insists that all activities be based upon her interest or desire. Any attempts to

alter activity in a test or play situation meet with refusal or resistance. Independence is a desirable quality, but interdependence is vital, and continued self-imposed isolation is a real danger.

"The parents seem to have a good relationship with Peggy, though they have very little understanding of the developmental needs of young children. They seemed, during conference, to wish help in working out useful activities for Peggy. They understood Peggy's need for more 'talking to' and for more activity with the family.

"The staff was unanimous in feeling that the parents will need the consistent help of a family caseworker. This help may be directed toward general understanding of the needs of young children, as well as toward understanding of the specific problems which have delayed language development and social interaction. . . . Re-evaluation in a year's time would be useful in determining rate of progress and effect of training."

While in many cases the recommendation is made for re-evaluation within a year, the staff of the Center for the Development of Blind Children believes that a local community can frequently provide adequate help for preschool deaf-blind and other multiple-handicapped blind children if one professional person in that community maintains concern, responsibility, and interest in each child over an extended period. This means, however, that he must refer, support, observe, confer, and re-refer when significant changes occur or new needs appear. He may or may not work directly with the child but he will be a coordinator of activities so that the child is not lost, neglected, or transferred indiscriminately from one agency to another for ill-defined services. The most skillful diagnosis in the world would have little value if the child were sent back to his home with only a new label. Too often "diagnosis" is used to imply finality, omniscience, judgment, and static behavior. With increased insight into the bases for a child's present behavior, a diagnosis rightly implies "point of departure."

Glaucoma Detection Programs

ALLAN W. SHERMAN

INTEREST IN GLAUCOMA detection has become widespread in recent years. A study of medical literature will indicate that this interest is shared by ophthalmologists, general practitioners, and public-health doctors, and it has also become a major interest of local chapters of the National Society for the Prevention of Blindness, various agencies for the blind, and civic- and service-club groups, particularly local chapters of Lions International. In spite of the fact that there is a variety of opinions among doctors concerning the soundness of glaucoma detection programs, early surveys and one-day glaucoma "G Days" have served a useful purpose in that they have brought glaucoma detection into the minds of many people who previously were not particularly concerned about this problem. Further, they have helped to define the extent of the problem. Glaucoma detection is a movement which has appea

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because of the large incidence of blindness due to glaucoma in this country. Recent studies and estimates indicate that 14 per cent of the blindness in the United States is caused by this insidious disease.[5, 12] The purpose of this report is to review the development of detection programs, to emphasize the desirability of ongoing programs as opposed to "one-shot" surveys, and to indicate some of the problems to be resolved if significant progress is to be made in the control of glaucoma.

Glaucoma is a disease of the eye of unknown etiology. A glaucomatous eye is characterized by hardening of the eyeball, or increased intraocular pressure, which, if allowed to go untreated, results in degeneration of the retina, optic atrophy, and finally, blindness. Acute glaucoma comes suddenly and quickly, causes considerable pain, and is usually not difficult to diagnose. Chronic simple glaucoma, which is more common, is most often insidious in onset, and when recognizable symptoms begin to appear, the disease is frequently well advanced. In chronic simple glaucoma, the earlier the disease is recognized, the more likely it is that sight can be saved, after proper diagnosis, through competent management.[1, 23] Detection programs are most commonly directed to the early detection of chronic simple glaucoma. These programs should be developed and managed under sound medical direction.[19]

Once chronic simple glaucoma is detected and diagnosis made, most of the cases are managed without further loss of vision. It is well recognized that diagnosis of glaucoma and its management are the special function of the ophthalmologist. Until fairly recently it was thought that the ophthalmologist was also the person responsible for the early detection of glaucoma. It is now recognized that the task is too extensive for this specialist alone. In 1956, on the basis of many surveys, Dr. Arnold B. Kurlander, then chief of the Chronic Disease Program of the Public Health Service, stated that glaucoma had become a major public-health problem. He pointed out that this widespread problem could not be met adequately by ophthalmologists alone. Up to the present time the best-known instrumentation for the detection of chronic simple glaucoma is tonometry, a measure of the intraocular pressure in the eye. Dr. Kurlander stated that the procedure of tonometry should become much better known among members of the medical profession, and more widely used.[20]

Goals, Standards, and Values

Case finding is the major goal of glaucoma detection programs. To date there have been many surveys and reports of "G Days" reported in medical literature. The first of these was a study in Philadelphia, started in 1944 and carried on over a period of six years, in which ten thousand people were screened for glaucoma. Of this group 1.5 per cent were found to have undiagnosed glaucoma. A study of six thousand people in Richmond, Virginia, completed in 1950, resulted in a case finding of 3.9 per cent. This was followed in 1953 by a city-wide survey in Cleveland, Ohio, in which 12,825 individuals were tested and a 2 per cent incidence of glaucoma was discovered. These early studies are reported in a bulletin, *Screening for Glaucoma*.[24] The following seem to be the conclusions drawn from these early "G Days," early glaucoma surveys, and later studies:[4, 13, 15, 21]

1. Glaucoma detection programs can be done successfully without undue risk if properly organized under competent medical direction. Such programs are significantly important in case finding.

2. "G Days" and survey programs have great educational value.

3. Standards and criteria for procedures to be used in detection programs need to be developed and publicized.

4. The Cleveland study and medical doctors stress the need for a continuing, year-round program of glaucoma detection, rather than a one-day mass survey, in order to meet the problem of glaucoma.

5. Investigation of the epidemiology of glaucoma is an important study area, and some uniformity in gathering and processing such data seems desirable.

6. Several surveys conclude that tonometry is a valuable procedure in preventive medicine and should become a part of routine physical examinations of all individuals over forty years of age.[17, 28]

An excellent recent publication summarizing the results of these early surveys, and going further in many respects than the surveys themselves, is a booklet published by the Chronic Disease and Geriatrics Division of the New York State Department of Public Health, entitled *Glaucoma Program Guide*.[16] This is a "manual for health officers and community groups interested in sight conservation through glaucoma control." In addition to providing an extensive bibliography, this booklet makes specific suggestions on the components of a glaucoma detection program. It further indicates the desirability of establishing permanent glaucoma detection centers and gives detailed information on how such a center should be set up. However, while this booklet is one of the best that has been published to date, there are many questions yet to be solved and many studies and demonstrations to be done if we are to secure the control of glaucoma which is desirable.

Routine Tonometric Testing

The conclusion of many of the studies which we have read, and the work of medical doctors, indicates that one of the solutions to the problem of glaucoma detection is to make tonometric testing a part of routine physical examinations.[11, 13, 14, 17, 19, 20, 27] This would mean that many doctors other than ophthalmologists would have to become skilled in tonometry in order to provide the necessary manpower for screening. Studies [7, 25] reveal that only a small proportion of the general population is given a complete general physical examination on an annual basis. This would indicate that general practitioners alone will not be able to meet the problem either. These studies, together with Kurlander's conclusions in regard to the "logistics" of the situation, raises doubts that even a combination of the ophthalmologist and the general practitioner would provide the necessary personnel for complete, adequate detection programs.[20]

Several Approaches Needed

It would seem that the solution to this problem will be reached only through a variety of approaches, in addition to detection in the offices of the ophthalmologist and the general practitioner. These include the establishment of permanent, ongoing glaucoma detection programs in hospital settings, medical group practice, industrial medicine, large governmental bureaus, the armed forces, insurance examinations, and possibly even in driver-licensing programs. Permanent detection centers operated under medical direction in city and county health centers, and other permanent centers under medical direction, supported and publicized by service and civic groups, will help to include those not covered, and will be essential in securing broadest coverage. To meet realistically the personnel problems in mass detection programs, it has been suggested that paramedical personnel be instructed in tonometric procedures, to be carried out only in appropriate facilities under close medical supervision. This latter suggestion deserves careful consideration.

To develop acceptance of, and skill in, the procedure of tonometry among general practitioners, the Ophthalmological Foundation, affiliated for research purposes during the past five years with the New York Association for the Blind, has promoted a program of education of young doctors in medical schools and affiliated hospitals. For practicing generalists who wish to develop skill in tonometry, the Foundation has enrolled 709 ophthalmologists to serve as preceptors. Teaching materials have been developed to assist in these processes. In addition to the standard

Schiotz tonometer, the Foundation has developed a simple "yes-no" instrument, the Berens-Tolman ocular hypertension indicator. This instrument is useful in detection programs, not in diagnosis, and will indicate only low, normal or elevated tension. One of its greatest values lies in the simplicity of its construction, enabling it to take more abuse than the Schiotz instrument. This program of the Foundation has met with good acceptance. However, it should be noted that the Foundation is not "backing" or promoting any single instrument.[3, 6, 10]

In 1959 the Ophthalmological Foundation entered on a new phase of its program of glaucoma control. Through pilot projects it hopes to demonstrate the feasibility of involving many other groups in glaucoma detection and to establish detection on a continuing basis. In this program it has the active cooperation of the National Society for the Prevention of Blindness and the New York City Department of Health. It is hoped that these projects in the New York City area will yield information on how best to develop glaucoma detection programs in many of the areas which have been previously mentioned. Certainly one major area which must be explored is that area commonly felt to be the field of the public-health doctor. Permanent glaucoma detection centers can be set up in public-health districts, as well as in other medically directed programs.

At the present time public-health doctors are interested from a very practical point of view in considering the inclusion of glaucoma detection as part of a multiphasic screening program. Multiphasic screening is not a new concept. A report of many multiphasic programs describes thirty-three screening surveys which have been held. They are reported in a booklet published in 1955, *A Study of Multiple Screening*.[26] This booklet provides the definition and basic principles for multiple screening. In the programs described, there was no attempt made to screen for glaucoma, although nineteen out of the thirty-three reported included some tests of vision. The future of multiphasic screening programs is very much the concern of the United States Public Health Service. Only the future will tell whether glaucoma detection can be worked into these programs on a broad basis throughout the country.

As we learn more about glaucoma detection, the picture becomes more complex and the need for more knowledge becomes apparent. For example, it has been generally accepted that the incidence of glaucoma increases at age forty and after. There is not enough known and backed by empirical studies of the incidence of glaucoma among younger people and among the very elderly. Dr. W. Stewart Duke-Elder reports studies in England and Europe, as well as in the United States, of the incidence of glaucoma in age groups by decades from ten to eighty-nine years. These studies tend to show that the highest incidence occurs in the middle years.[9] The samples reported are very small, and more work needs to be done to determine practical "cut-off points" for glaucoma detection programs. Further work is also needed to determine the most accurate and practical measure of intraocular tension, which is significant in glaucoma detection. Even with such studies, sufficient accuracy may not be possible. Some have suggested the use of bulbar compression in combination with tonometry as a method for eliminating "false positives" and "false negatives."[2] Much thought is being given to the development of instruments which will provide measures of intraocular pressure without the instrument having to be placed directly on the cornea of the eye.[22] A significant indication of glaucoma is changes in an individual's visual fields. Dr. Franklin Foote suggests that further study be made, using the Harrington-Flocks visual field screener.[13, 18] Such studies may well be helpful in providing a practical technique for mass glaucoma detection.

There is now in progress a five-year collaborative glaucoma study, financed by grants from the National Institute of Neu-

rological Diseases and Blindness and set up through the Public Health Service. The participants are the University of Iowa, the University of California, Washington University (St. Louis), and Johns Hopkins University.[8] It is hoped that this study will result in knowledge which will guide the direction of glaucoma detection programs.

Summary

Glaucoma detection is a public health problem. It has been brought to the fore by many surveys and "G Days" and has resulted in an increase in understanding of the problems of glaucoma and the need for early detection of the disease. The more widespread use of the tonometer by general practitioners, while desirable in itself, may not completely solve the problem of glaucoma detection. Further studies into broadening the base for detection need to be made, and the techniques and methods to be used need further exploration. Glaucoma detection programs must be under competent, experienced medical direction.

Through sharing knowledge and through cooperative work by the United States Public Health Service, various local and state public health groups, the National Society for the Prevention of Blindness, the Ophthalmological Foundation, and others, it would seem that a major effort is in progress to secure control of glaucoma and to substantially reduce blindness from this disease.

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Toward Greater Opportunities in Business Enterprises

CARL A. JOHNSON

LAST OCTOBER a group of business enterprise administrators and supervisors from several states and Canada met in Cleveland, Ohio, to form an organization called the American Business Council for the Blind (ABCB). Its purpose is to deal with problems which must be solved to achieve more uniform success in business enterprises (vending stands) for employable blind people of the nation.

The organization is not new, having met for several previous years in Chicago as the Midwest Council of Agencies for the Blind. Its new name is not only more appropriate, but expresses its intent to continue effective functioning at a national rather than regional level. This decision was reached because conferences over the years have been so productive that the national forum is clearly indicated. ABCB feels strongly that accumulated experience is of such significant value that it must be mutually shared to improve standards and practice of blind people in this field all over the country. Also, the reorganization of ABCB recognized strong interest expressed by fellow workers in meetings

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at the American Association of Workers for the Blind conventions. In fact, a number of these supporters became members last October and joined in planning to extend ABCB's horizons.

The officers of ABCB are Everett R. Steece, president, and Michael Gallagher, secretary. Others who have actively participated in bringing the organization into being are J. E. Joralmon, Douglas R. Strong, George Piper, and the author. All these people have been active in Group I of AAWB, and in 1958-59 they were responsible for its programming.

Purpose of Business Enterprises

At least in part, it must be said that the development and operation of business enterprise programs recognizes that many blind persons, though capable, nevertheless find it extremely difficult to gain acceptance in private employment. Rehabilitation workers struggle constantly with this problem and gradually overcome resistance. While applauding success of their unrelenting effort, we can also face the fact that employment resources are desperately needed and eagerly used, and even though employment is "created," it need not be merely "made work." Furthermore, it has been well demonstrated that it need not even be subsidized work.

It has already been noted that business enterprise programs provide job opportunities for employable blind persons who, for whatever reason, cannot be absorbed by private business. Reference is therefore made to a specific area of need, and here two points must be made most emphatically:

1. The area of need referred to in no way questions the validity of developing subsidized employment resources for use by more severely limited blind persons who cannot compete in private employment.

2. Reference here is to creation of employment resources for blind persons who are capable of operating a successful business.

When a business is successful, it meets a community need and is supported by the community's patronage. If capable, well-trained blind people employed in a sound business enterprise must be subsidized, they will not demonstrate the blind man's ability to compete but his need for support. It is true that business enterprise programs can be entirely self-supporting.

It seems significant that those which are operated without subsidy are also the ones which produce the best income for the individuals they employ. On a par with private business, such enterprise contributes to the community economy on a straight *quid pro quo* basis.

Is subsidy in the area of business enterprise programs a conditioned reflex or is it a necessity? The full answer to this question may not yet be available, but it is known that some programs are totally independent while others require heavy financial support. Also, many factors which make for successful, independent operation are known, and many factors which defeat successful operation are known.

What makes the difference between financially sound programs and those requiring varying degrees of external support? Reasons may include many of those which spell the difference between success and bankruptcy, in any business. We don't really know how many good answers we have. We do know that we have some; that many more are available through organized inquiry and broader mutual sharing of productive experience.

Need for Planning on National Basis

Without fear of contradiction, it can be asserted that expanded employment opportunities are needed by blind people. It is unlikely that business enterprise will ever solve the whole employment problem, but as it is operated in some areas of the country, it has proved itself an independent employment resource of substantial proportion. Apparently, in many other areas, this potential has not been fully developed. ABCB has taken the first step toward na-

tional extension of more uniformly successful operation.

Structure Provides for Sustained Communication

ABCB's intent is to move beyond the provincial situation in which some business enterprise programs flourish and vigorously thrive while others languish and require regular transfusion. Continuation of such contrast without understanding and some attempt to remedy it cannot be justified in our nation and in this time of shrunken distances. ABCB strongly believes that problems solved in one corner of the country can also be solved at another spot two thousand miles away; that sharing enhances the value of the operation and contributes to the growth of knowledge.

A national forum, then, with structure for continuous, free-flowing communication, is far more than a desultory, periodic meeting; it will constitute an invaluable resource for all of those interested in improved business management.

ABCB knows that its value to the enterprise field will be determined by and will grow in direct proportion to the extent and nature of its use. It cannot be effective without substantial, representative membership from the field; it cannot be effective without regular attendance by its members.

This raises the problem of expense, one closely scanned by conscientious administrators. It is suggested, however, that the problem may present itself in a different light if the word *expense* is changed to *investment*.

Investment in a business is something that will return more than the outlay. ABCB now includes administrators of business enterprises who have demonstrated in their own programs that the cost of accumulating knowledge of good practice is a sound investment, and a relatively meager one in view of the rich dividend. When active participation in mutual use of broad experience eliminates subsidy from an employment resource, can the investment be seriously questioned?

In this connection, it should be re-emphasized that business enterprises functioning without subsidy are also those which provide the best incomes to the individual operators. Again, is the cost of achieving such a goal an expense or an investment?

Everyone in the business enterprise field has heard of merchandising technique, inventory analysis, cash reports, delivery slips, the role and function of supervisors, and so on. Everyone in the field works within a system which includes these and many other factors. They are so familiar, in fact, that mere reference to them usually creates an impression that the subject is an old one, not worth considering. It is an old one, and yet these are components common to all business operations involving sales. While the subject is old, therefore, profit and loss are measured by the degree of skill with which known components are used. How much loss, now met by subsidy, can be eliminated by better management?

Changing Times Mean Changing Programs

Cursory examination of trade magazines and even popular periodicals quickly reveals that more and more, today, business authorities emphasize the survival importance of keeping up with changing times. The fact that blind people are employed grants no reasonable exemption from the demanding need to change and expand programs. On the contrary, this may be even more urgent reason to modernize what is often called a "display case," because the thing displayed is the blind person's ability to work competitively.

On a regular, continuing basis, new ways must be found, and administrators and supervisors must be kept informed. An important and indispensable source of information is the experience and accumulated knowledge of those who have best succeeded in the field of business techniques.

Individual operators' incomes have been increased as much as 100 per cent, from two hundred to three hundred dollars a month, for example, through adoption of procedures demonstrated by successful and experienced operators. ABCB believes that if this can happen in one place, or two or three or half a dozen places, it can happen all over America. Blind operators need all the expert help and training that can be provided, for it is well known—though perhaps little noted—that blindness is not automatically compensated for by business acumen.

Supervisors also stand in need of specialized training, for they are not qualified by good business experience alone to give the best help to operators who are blind.

Control of Administrative and Overhead Costs

General analysis of individual business operations has frequently brought focus to bear on the cost of administration, a legitimate area for cost-consciousness which can scarcely be over-emphasized. In any business, personnel must function with utmost efficiency if the business is to be kept competitive. Supervisors in business enterprises for the blind must know the best use of inspection reports, financial reports, etc. Cost may be reduced by decreasing travel through establishment of district offices, by better planned itineraries, e.g., so as to concentrate on problem stands in a specific area. By these and many other means, the cost of capital investment can be kept in proportion to earnings.

Administrative costs and overhead cannot soundly be permitted to increase except in step with growing sales volume. Wise investment can increase sales, not only maintaining but improving the balance. Any investment is sound which results in the operators' grasp and use of improved techniques which sharpen his skill and expand his business to produce income in excess of the investment.

The American Business Council for the Blind is an unaffiliated organization. Its members feel the need for close association with an existing and time-proven structure. Interests in common with Group I of AAWB indicate planning for a strong working relationship. As a beginning, perhaps four days at the annual convention can be used by Group I and ABCB for an institute.

Opinions Sought by ABCB

The members of ABCB would like expressions of opinion from interested people on the suggestion that the AAWB be requested to provide time and an adequate room for planning sessions at the 1960 convention. This planning would be in addition to Group I's regular program, and it would be anticipated that whatever conclusions were reached in joint session would not be binding upon either group unless each in a separate session concurred.

In the near future, ABCB hopes to begin a monthly publication as one means of sharing information about new techniques in management and merchandising, improved training methods and structures for handling personnel problems, better and more modern equipment, etc. Confidence is high that through this organization the best of present standards can be raised and that throughout the country, business enterprises for blind operators will benefit, will increase in number and become financially more sound.

ABCB wishes to emphasize that its optimistic appraisal of the future is possible only because of what has been done in the past. Pioneers in the field would not regard the wish for further improvement as criticism of their major contribution to the employment of blind people and the welfare of the nation. Indeed, their fine achievement was made possible by scrupulous observance of principles here urged: consistent practice of the best methods known in the field. ABCB hopes to grow and to carry on that which the respected pioneers have so well begun.

With full support of agency administrators, it can be done.

Helping Blind Students to Prepare for College

WILLIAM O. McGILL
EDITH FRISH

LAUNCHING A COLLEGE CAREER is an exciting event, but it can be a very confusing experience. The freshman student is challenged by a whole new group of people to be met, worked with, played with, lived with, in a setting offering greater freedom and less control than almost any freshmen have known. Many academic procedures are different from those he has known and they are discussed in unfamiliar terms. The scholastic competition is increased and there is less faculty supervision of the student's study practices. The blind student finds himself facing all of these adjustments in greater measure.

A college preparatory program was conducted at the Chicago Lighthouse for the Blind during the summer of 1959. The planning grew out of discussions involving students working at the Lighthouse in the summer of 1958, most of them from the Chicago Public Schools or the Illinois Braille and Sight Saving School, at Jacksonville. The discussions about college were held after working hours during the last two weeks of the vacation work-period. In the following months, a full program was planned for the next summer; consultants included the Lighthouse consultant psychiatrist, the dean of students of a Chicago-area college, and personnel from the Adult Education Department of the Chicago Public Library.

Mr. McGill is executive director, and Miss Frish is supervisor of training, at the Chicago Lighthouse for the Blind, where a college preparatory program was conducted last summer.

Three areas of concern appeared to be vital: an understanding of college procedures, practice in effective study methods, and personal-social development.

Such routine procedures as registration represent confusion and strain. The student may find himself moving about in a noisy, table-crowded room, depending on strangers to guide him and fill out the necessary forms. *This* is prerequisite to *that*, and he probably has to convince the registrar that he *can* take these courses.

College catalogs and field trips to nearby campuses helped to preview some of the problems they were likely to meet. The Chicago area is rich in educational institutions of varying sizes and building-types—the skyscraper-type campus of Loyola University, the extended campus of the University of Chicago, or the suburban campuses of liberal-arts colleges like Elmhurst and Wheaton. The Chicago scene offered opportunities for travel training about the city for which only one of the five had had previous opportunity. Living at the YMCA or the Eleanor Club was an introduction to freedom with the daily support of staff members who could interpret the situations and help to find answers to questions.

Since he is entering keen academic competition at some disadvantage, the student will need efficient study habits to deal with classroom notes, examinations, and extensive reading assignments. Working with a reader is a practice which must be learned; many professors do not welcome the "click-click" of the braille slate and stylus; memories must be trained to hold

lectures and class discussion in mind until an opportunity is at hand for writing up notes.

The Lighthouse volunteers are capable readers and skilled in helping newly blinded people to get used to the idea of a reader. Readers in various colleges will have reason to appreciate this fund of experience. The tape recorder also came in for a great deal of use. Each student wrote a paper on a subject which callenged his thinking. Varying attitudes on the subject were presented on the tape. The aim was to see that the student could make notes, interpret and make evaluative judgments.

Brushing up in braille and typing was indicated in almost all cases. Spelling and grammar also were indicated as needing attention. These are the fundamental tools of higher education. Course selection is a concern of all students. This group of students had all had much less experience with elective programs than students in the average high school in the community in general.

Relieving Emotional Tension

The young blind girl who has been sheltered and over-protected may find increased independence a frightening prospect. Expecting to be the only blind student among hundreds of sighted students seems vastly different from being one blind student among many others. The necessity for a college education in order for a blind person to get a good job had been driven into her by well-meaning parents. She was anxious and tense about the prospect. Another girl, recommended by her sight-saving teacher, was withdrawn, ill at ease with adults, and reluctant to join in group social activities. Inner conflicts and emotional immaturity were vitally important in the development of all the individuals in the group.

Personal counseling and group discussion were helpful in meeting these needs. The Lighthouse has had a long tradition of group discussion as a therapeutic aid in reflecting the problems of blind persons. Freed from threat of censure or the feeling of coercion into specific attitudes, participants in free discussion do express the attitudes and threats of their own experience. Some young people who have lived in protected settings need to discover the areas of ignorance in their general experience. Many of them feel there are definite intellectual and performance differences between sighted and blind people. Many think their own experiences unique. The opportunity to test reality by pooling one's experience with that of the general group is a "course prerequisite" to the freedom of late-at-night bull-sessions. In friendly gabfests in college the searching light of friendly inquiry is trained on the presuppositions and basic life assumptions of each member of the group.

Experiences of Others Provide a Yardstick

Catalytic or active re-agents were introduced into the group when the participants felt the freedom of the environment. There was a group of students presently in college or members of the class of 1959. Another group centered on career selections; these included a teacher-counselor, an attorney, an elementary-classroom teacher and a physicist. They talked of their own preparation and experience and the requirements of their careers. Each brought a great measure of his own response to life as a blind person, providing some grounds for the students to test their response to life and some ground for testing the validity of the agency's program to encourage independence.

Orientation to freedom in social life was one of the responsibilities of the Lighthouse group-worker. The full range of activities in a metropolitan community were available and were used. Lake Michigan, with many public beaches, offered opportunity for swimming and barbecue picnics. Several Loop theaters and various tent theaters in the suburbs offered "live" drama, preceded or followed by visits to fine public eating places. The "Sox" were fight-

ing their way to a pennant after forty years, and the excitement of a ball game was close at hand.

Various state agencies are sending blind young people to college; a major problem has been the professional placement of college-trained blind persons. A matter of concern has been the frequent sympathetic passing and graduating of blind students who have not really mastered the subject matter of the college course. If faculties are to develop high standards in their individual expectations of blind students, they must be guided by the achievements of blind students.

Unplaced professionally trained blind students are not all beset by personality problems, nor do all victims of sympathetic passing find themselves in dependency relationships, but many who do could have been helped by a more thoughtful orientation to college procedures and practices. More experience in the fresh air of discussion and community exploration can help the student to reach out to people and places with enthusiasm and hope. The Lighthouse college preparatory course is one method in one agency which is trying to strengthen a few young people to meet the demands of college living.

Integrating Blind Children into Community Recreation

EILEEN SCOTT

EIGHT-YEAR OLD JACKIE made a great discovery on his first day at a day-camp for small boys. "Even though I can't see like the other boys I'm still not a stranger," he told his mother.

Twelve-year-old, totally blind Jimmy returned from two weeks at the YMCA camp on a rugged mountain site with tall tales of the big fish he nearly caught and the small ones that didn't get away. He is already enrolled in a "Y" boy's swimming class for fall where he hopes to meet some of his camping pals each week.

Fifteen-year-old Joan, blind since birth, spent a third summer (this time as a tent leader) at a church camp on a lake shore. As one of the experienced campers she helped the new children learn new skills.

Jackie also belongs to a neighborhood Cub Scout group and goes ice-skating each week in winter and swimming in the summer. Jimmy has been a Boy Scout for a year now and enjoys a gym class at a community center each week. Joan sings in the junior choir of her church and is an enthusiastic member of a girl's club.

Although these three children are blind and attend a special school for blind children each day, they participate very actively in the social activities with sighted children. So do many more blind children in this province. Such a happy situation doesn't just happen spontaneously. How did it come about?

The Canadian National Institute for the Blind has been providing a counseling service to the parents of preschool blind children of British Columbia for some twelve years. Parents were encouraged to actively promote play activity with sighted neighborhood children. Every small blind child spent at least one year in a nursery school for sighted children. Most blind children also go to Sunday school. Thus,

Miss Scott is supervisor of social welfare at the British Columbia Division of the Canadian National Institute for the Blind, at Vancouver.

in the preschool years their parents found it was practical and profitable to help the small blind children fit into the neighborhood activities. However, once the children reached school age the only educational provision for them was in the provincial school for the blind. Approximately 50 per cent of the children attend as day pupils and another 35 per cent go home on weekends. Academically, the children are receiving a first-rate education. But, attending a special school tends to isolate the blind child from his preschool sighted playmates and old friendships tend to dwindle away. Parents were complaining that their children sat around the house with nothing to do, or talked to blind school friends for hours on the phone.

Parents and Workers Meet

In talking to parents we found that many of them were anxious to promote more social activities for their blind child after school and on weekends, but just didn't know how to go about it. Most were unaware of what social and recreational facilities were provided by the community. The community as a whole is well supplied with social and recreational facilities for children, but the leaders did not know of the existence of blind children in their districts who might like to participate in their programs, and were also unfamiliar with the capabilities of blind children. Our problem was how to get the parents and the recreation people together. We decided to have a one-day conference. The first thing we needed was a planning committee on which both groups would be represented. The mother of a twelve-year-old girl and the father of a nine-year-old boy were asked to represent the parents. To ensure the interest and cooperation of the leisure-time agencies we invited two prominent group-workers, one a professor at the school of social work, and the other the executive secretary of the Group-work Division of the Vancouver Community Chest and Council. Two staff members from the school for the blind and two from the CNIB completed the planning committee. It was decided that a one-day conference with an afternoon and evening session would draw the most participants. The purpose of the conference was stated: "To discuss the social and recreational needs of blind children, and to explore the resources available in the home and community."

Invitations were sent well in advance to parents of blind children of all ages. Letters went to the directors of all leisure-time agencies advising them of the purpose of the conference and asking that they delegate a staff member to attend and report back to the rest of their staff. The following agencies and organizations were invited: community centers, neighborhood houses, Boy Scouts, Girl Guides, major churches, YMCA, YWCA, etc. Many agencies sent one person to the afternoon session and another to the evening session.

The program for the afternoon session was focused on the blind child in the family, the home, and the immediate neighborhood. The assistant general secretary of the YMCA outlined the recreational needs of all children in the age groups six to nine years, nine to twelve years, and twelve to eighteen years. The meeting then broke up into discussion groups with parents participating in specific groups, according to the age of their children, and recreation people assigned so as to give variety in each group. The discussion leaders (selected by the planning committee) brought to their task not only their skill and experience in group leadership, but also a sound background knowledge of children, family life, and the resources of the community.

Leaders Present Findings

The evening session was focused on the blind child in the community. For the benefit of the newcomers a brief summary of the afternoon program was presented. The evening speaker (from the Community Chest and Council) outlined the major social and recreational activities avail-

able in the community and the meeting again separated into three groups for discussion. The group leaders presented the findings of their groups at the end of the session. These findings were remarkably consistent and are summarized below.

1. The blind child must be prepared to take his rightful place in the sighted world. This can best be done by giving him the opportunity to participate in the social and recreational activities available to all children in the community.

2. Experience has shown that blind children can and do fit very well into a great variety of community groups, but that more opportunities for such participation are needed.

3. Parents and agencies should continually work toward educating the community so that blind children will be welcome when they seek to join in regular social and recreational programs.

4. Organizations and agencies offering such services usually welcome the participation of the blind child if positively approached. When leaders are diffident it is usually because they are unfamiliar with the capabilities of blind children and only require more information about the child and encouragement to give him a trial.

5. When association with sighted children is encouraged from his preschool years, the blind child finds it natural as he grows older to continue to participate in many community activities with his friends. If integration is delayed until he is a teen-ager, it becomes much more difficult for everyone concerned.

6. Parents of blind children must, of necessity, take a more active part in helping their children to make friends and to enjoy group activites than do other parents.

7. Each well-prepared blind child successfully integrated into a community group is living proof of the value of the experience, not only to him, but to the group and leader as well.

While there have always been a hardy few blind children participating in sighted groups, there are now many more since the conference. We had a number of children in various summer camps this year; in fact, one boy had such a good time at the first one that he attended three different camps! Individual blind children are enrolled in many different agency programs. Parents feel freer to make inquiries about group activities now that they know it can work. Personnel of agencies and organizations are less hesitant about accepting a blind child into their program; in fact, they are most helpful in selecting a group where the blind child can best fit in. This is a far cry from a very few years ago when any inquiry regarding a blind child joining such a group brought the reply, "Sorry, we couldn't take the responsibility—he just wouldn't fit in." Now our children are welcome.

One mother who has been concerned about her over-active blind ten-year-old son was delighted when the community-center director suggested a gymnastic class for nine- and ten-year-old boys. Tim is now the most enthusiastic participant in the gym class.

The program director of a community center phoned me to speak to leaders, saying, "We are enrolling blind children in our programs and want to know more about them." Incidents like this are happening every week. The program directors and group leaders are being wonderfully cooperative and ingenious in finding group activities which a blind child can enjoy.

We are finding that children from seven to fourteen fit easily into sighted groups. The older teen-agers who have never associated with sighted children find it more difficult. Therefore, we are encouraging the parents to get their children started early so that when they become teen-agers, they will have a well-established place in a group of long-term sighted friends.

Our conference for parents and recreational leaders has proved to be the key which has opened many new doors to healthy and happy leisure-time activity for the blind children of this community.

A Study of Home Teacher Functions and Training Needs

LOUIS H. RIVES, Jr.

THE American Association of Workers for the Blind has just begun an examination of the functions of the home teacher of the blind as they are now performed. They are being examined in relation to advances in professional training of people working with the blind in related disciplines. This study has been made possible by a grant from the Federal Office of Vocational Rehabilitation.

The study has its immediate origin from the *ad hoc* advisory committee which the Office of Vocational Rehabilitation called together in June, 1958, to get help in assessing long-term and short-term training needs of personnel in work for the blind.

A training program for home teachers was identified as one of the major long-term training needs. The committee believed that prior to establishing such a program it was essential to determine what the functions and responsibilities of the home teacher should be. The next step would be the development of a curriculum designed to prepare individuals to discharge agreed-upon functions and responsibilities.

As a result, the Office of Vocational Rehabilitation established a project for this purpose, with much freedom of inquiry to be given the project director. Analysis of the functions of home teachers will be made regardless of the auspices or titles under which they are performed. The project will be directed toward developing a useful plan for making home teaching an effective means of assisting blind adults to function at their maximum capacities.

A small group of qualified persons from various fields will serve as special advisers to the project. This group will include representatives from the areas of home teaching, public-health nursing, social work, mobility of the blind, physical and occupational therapy, adult-education personnel, volunteer services, and other fields, and a participant from the American Foundation for the Blind. It will meet in an exploratory conference so that the project can benefit soon from the broad as well as extensive experience of its members.

Before and following the first meeting of the special advisers, the project director will visit as many agencies as possible, public and private, to learn at close range what home teachers in selected areas of the country are doing. She will accompany some home teachers on their regular tours of duty. In making these visits, her aim is to get firsthand comprehensive factual data on a selective basis rather than a more generalized picture covering many places.

Educational institutions that offer training for home teachers and those that might be considered as good training resources for potential home teachers will be visited.

Information secured through visits, publications, conferences, and other communications with special advisers and a variety of resource people will be used as a basis for an analysis of home teachers' activities as they are now being performed. This analysis will lead to such considerations as whether the activities could be more logically aligned, whether some of

Mr. Rives is chief of the Division of Services to the Blind, Office of Vocational Rehabilitation, U. S. Department of Health, Education, and Welfare.

them could be more effectively performed by other disciplines, whether some could be conducted outside the home, and whether some services not now included could be given by persons with proper preparation. Special attention will be given throughout the study to the increasing problem of blindness among the aging as it relates to possible services from home teachers. If the facts found in this inquiry so warrant, a new definition of the function of the home teacher will be recommended. A new job title may also be suggested.

After a new definition of function is reached, two important recommendations will be formulated in light of advances in training in allied disciplines in regard to:

1. The knowledge, experience, physical abilities, personality, attitudes, and special skills that would be required to perform newly defined functions (under whatever title is agreed upon).

2. A plan whereby a) persons with such qualifications can be recruited, trained, and placed, and b) those currently practicing home teaching who do not have essential qualifications can be either developed to meet these new requirements or assisted in locating jobs in which they can use the skills they have.

As the project approaches completion, the group of special advisers will again be called on for further advice before the final report is written.

Because of the importance of this project to the field of work with the blind, the American Association of Workers for the Blind and the Office of Vocational Rehabilitation were determined to find a director for this project who would have suitable academic background, work experience, and personality to undertake such an examination. They were interested in getting a person who would approach the study objectively, without preconceived ideas as to what home teachers should do.

Their choice was Elizabeth Cosgrove. Miss Cosgrove obtained her bachelor of arts degree at Vassar College, and took her professional training in social work at the New York School of Social Work, Columbia University. After holding responsible posts in private and public social welfare organizations, including a large general hospital, she was engaged by the United States Civil Service Commission to recruit and examine candidates for social work and other positions in the social science field in the federal government. After extensive experience, she spent some years in the office of the Commission that was responsible for evaluating the personnel management programs of the operating agencies. Throughout her service at the Commission, she did job analysis and determination of qualifications and appraisal of personnel activities. She also taught others how to perform these functions. Her experience at the Commission was interrupted by a loan to the United Nations to assist, for a year and a half, in setting up the personnel program there. Her experience has also included teaching in three schools of social work. For the last seven years, she has served energetically on the Classification Committee of the Health and Welfare Council of the National Capital area. This Committee, after analyzing the jobs in agencies participating in the United Givers Funds, recommends equitable salary scales and desirable qualifications for agency employees.

Mary Frost Jessup has been selected as research associate for the project. With a bachelor's degree from Vassar College and a master's degree in sociology and statistics from Columbia University, she brings a rich background of research experience. Her experience has included socio-economic-educational research studies in the fields of cost-of-living and family expenditures, housing and urban renewal, personnel and facilities in health, education, and welfare, population trends and community leadership. The Bureau of Labor Statistics, U. S. Department of Labor, the Bureau of Home Economics, U. S. Department of Agriculture, and the American Association of University Women have been among her employers.

Malaya's Program for the Blind

WORK FOR THE BLIND in Malaya had its beginning in 1926, but it was after the Second World War that a concerted effort was made to establish a more comprehensive service for the fifteen thousand blind people in the country. We were most fortunate in having Major D. R. Bridges to be the first blind welfare officer. Blinded in a campaign in Burma during the Second World War, Major Bridges, with characteristic foresight and indefatigable energy, tackled the problem of helping the blind, and during his ten years of service the plight of the sightless in Malaya was greatly alleviated. Malaya now has two modern schools, a rehabilitation and training center, an agricultural training center, a workshop, and a braille printing department.

The St. Nicholas Home and School for the Blind and the Princess Elizabeth School for the Blind have each an enrollment of eighty pupils, ranging from six to sixteen years of age. St. Nicholas, located in Penang in the north, is the oldest institution; it began in 1926 as a home for blind orphans. The Princess Elizabeth School started in 1948 with four blind children in a dilapidated hut in Johore Bahru in the south, and has grown into a fine school.

The Gurney Training Center is situated in Kuala Lumpur, the capital, and serves blind persons over the age of sixteen. The first trainees were admitted in 1954. It now has forty-six trainees of both sexes learning various trades, stenography, telephony, basketry, venetian blind making, chain link fence making and tubular steel furniture making. Two stenographers and eight switchboard operators have been trained and have found employment in government and commercial departments. Public prejudice against employing blind people, especially as telephone switchboard operators, is disappearing. The majority who left the center after training are making a living as basket makers.

The Agricultural Training Center known as Taman Harapan (Garden of Hope) was opened at the beginning of this year. The trainees are taught rice growing, poultry raising, rubber planting and rural crafts. It is a pilot scheme, and besides training, the center provides a suitable place where research is carried out in the various types of farming suitable for blind farmers. Many problems have yet to be solved, but we hope in time this center will give rural blind people a new base of economic independence.

The Kinta Valley Workshop is situated in the richest tin-mining locality in the world, and has twenty-five workers who turn out high-quality canework, chain link fencing and tubular steel furniture. We are looking into the possibility of introducing light engineering in subcontract work. Since independence, the government is encouraging the setting up of new industries.

The Malayan Association for the Blind is the sole agency serving blind people and its task is much lightened with the help it receives from the American Foundation for Overseas Blind and the Royal Commonwealth Society for the Blind.

—Fred M. C. Wong
Principal Training Officer
Malayan Association for the Blind

Eber L. Palmer Retires

AFTER ALMOST twenty-three years as superintendent of the New York State School for the Blind, in Batavia, Dr. Eber L. Palmer retired from his post last month for reasons of health.

His years of service at the school were strikingly productive in both program and facilities. Under his leadership, recreation was greatly improved and increased, and students were encouraged to participate in many activities with other public-school students. A major improvement in facilities was the construction, just after World War II, of Severne Hall, a modern building which replaced a post-Civil War building in use for many years. Currently under construction is a million-dollar building to house primary grades, which will virtually complete modern school and dormitory facilities for children of all ages. A new laundry building is to be started soon.

At the time of his appointment as superintendent in 1937, Dr. Palmer was serving as assistant director of the American Foundation for the Blind, on whose board of trustees he has also served. While at the Foundation he conducted research studies at schools for the blind in various parts of the country, including the pioneer survey of the Virginia School for the Blind, the first study of its kind. During that time

AMERICAN FOUNDATION FOR THE BLIND

INVITATION TO REGISTER WITH THE PERSONNEL REFERRAL SERVICE

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he was also editor of the *Teachers Forum for Instructors of the Blind.*

Earlier he served as teacher, principal, and superintendent in the public schools in his native Iowa.

In recognition of his service to education, his alma mater, Grinnell College, in Grinnell, Iowa, conferred on him an honorary Doctor of Laws degree two years ago.

Roberta Townsend Transfers

M. ROBERTA TOWNSEND resigned, as of March 1, 1960, from her position at the headquarters of National Industries for the Blind, where she was in charge of the Homework and Survey Department. Miss Townsend provided unusually great and valuable leadership in her ten years' service at NIB, in such capacities as president of the National Association of Sheltered Workshops and Homebound Programs, vice-chairman of the National Committee on Standards for Sheltered Shops, member of the executive committee, Institute on Role of Sheltered Shops in Rehabilitation, coordinator at Wharton Institute on Management, coordinator at New York University on Merchandising and Marketing, writer of *Handbook on Sheltered Workshops and Homebound Programs,* director of Pilot Study on Industrial Homework in Vermont, expert consultant under the Technical Assistance Administration of the UN and others.

In 1953 Miss Townsend was loaned by NIB to the UN at which time she was instrumental in the establishment of services for the blind for the Government of Guatemala. For this service she received the Servicio Distinguido medal from the Comité Nacional por Ciegos y Sordomudos of Guatemala.

Miss Townsend has joined the staff of the Office of Vocational Rehabilitation, in Washington. Her position there is that of social administration adviser. Her proven qualities of high administrative experience will make her a valuable member of that important office.

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Hindsight

by M. Robert Barnett

ONE AND ONE MAKES TWO

The question of what will Helen Keller "do" now has been in the minds of many in recent weeks. The word "do" is placed in quotation marks because so many people actually expressed the question shortly following Polly Thomson's passing on March 20. It is placed that way also for emphasis—because in asking the question there were many who were placing upon it a significance much more poignant than the simple sincerity of condolence.

So deeply personal was the relationship between Helen Keller and Polly Thomson, and so conscious of its true nature are those of us who work closely with Miss Keller, that it seems like an invasion of privacy to discuss it. It is neither proper nor necessary. On the other hand, writers in the popular press have speculated about the role of Polly Thomson, and, basing their observations upon superficialities, they have tended to cloud the separate strengths and sharp individuality of each in the concept that they were an inseparable pair.

Like millions of other people, I first experienced the presence of Helen Keller in a public meeting a quarter of a century ago. It was when she made a public appearance on behalf of improved programs of service for the blind while on a tour of the South. Like millions of others then, and since then, I was preoccupied with the person of Helen Keller—and Polly Thomson was, comparatively speaking, of little significance in the total impact upon the audience.

Perceptive observers, however, could make a strong case for the fact that Miss Thomson's public manner, while apparently self-effacing in deference to her loved and famous companion, was in itself a practiced posture, the product of her own fiercely held view that her role was a supportive one. Miss Thomson definitely was not and could not have been a shy, retiring, unimaginative and selfless character to perform the assignment of aide and companion to such a one as Helen Keller for forty years. All who knew her well—and probably most of all Helen Keller herself—were acutely aware of the Thomson personality. If the general public saw her somewhat less sharply, it was because she intended it that way. In ten years of close association, however, I never detected any sign that it was difficult for her to do so—it came quite naturally, you might say, as a result of her personal conviction that Helen Keller was truly a great and inspiring world figure.

But if the public image of Polly Thomson as the assistant on the platform was never out of perspective, then why the intense speculation during Miss Thomson's long illness and after her death about what Miss Keller will "do"? Those of us who are familiar with the way of life of accomplished deaf-blind persons do not really comprehend, I am afraid, just how deeply the concepts of impotency are rooted in the minds of those who have no experience or understanding. The uninformed are disposed toward such views even when the handicap is blindness alone. Deafness alone also produces a complex set of reactions on the part of others. While I rather suspect that the general public thinks of Miss Keller primarily as a blind person—and that can be sufficient to produce the image of dependency—that segment of the public that finally understands that she is both deaf and blind simply is unable to grasp the notion that she is a functioning human being. It has been, then, her long and repeated demonstration through writing and

lecturing that the unbelievers have marveled at, and through her at least have derived a glimmer of understanding that physically disabled human beings are still capable of productive membership in the family and in the community.

Helen Keller would be the first to say that the death of Polly Thomson is a serious loss to her. In fact, she has said so. Helen Keller's bereavement, however, is a profound feeling of separation from a loved one, tempered by her religious conviction that they will meet again. Meanwhile, Helen Keller goes about her daily tasks in much the same manner that the members of any household do after the loss of a vibrant former member of the group.

Polly Thomson, according to Miss Keller herself, sacrificed an independent life of her own in order to help Miss Keller complete her own goals. As nearly so as any person can be, then, she was indispensable. But Polly Thomson, like all mortals both great and small, has gone away from this life, and the impressive personal strength of her definitely is missing. But Helen Keller has not gone away, and with only that degree of personal assistance that a deaf-blind person must have on occasion she continues to perform the tasks of this life.

It is regrettable, I suppose, that unreasoning public imagery so often deprives one individual of his or her full stature in the desire to believe that independence is impossible. Can it be that all of us basically know that no one is independent of someone else? Can it be that the example of companionship so much in evidence in the life of a deaf-blind person is an unconscious projection of a desire that is present in all of us? Is it, perhaps, a subconscious recognition that no one can really live alone—that knowing this, we all seek the companionship of someone, and having it, we are made whole?

Helen Keller has had the love and support of two other great women. Anne Sullivan and Polly Thomson, then, the public identifies with her in the desire to believe in the necessity of companionship, and, more than identification, has thought of them as indispensable to her. In their way and in their time, they undoubtedly were. The fact remains, however, that Helen Keller stands as a symbol of the fact that serious physical disability does not rob an individual of his innate capacity for a full life.

Helen Keller has the love of many others not known to the public and she also has in the mass sense the public's affection. To all of these she has given in return.

In a sense, the addition of one individual to another individual in this case still added up to only one image. Wherever Polly Thomson may be, however, she knows well that in the truest sense the addition of one and one still adds up to two distinct personalities in the story of the contributions of Helen Keller and Polly Thomson in the advancement of philanthropy.

Harrison and Ingram to be Honored

CAPTAIN M. C. Robinson, O.B.E., L.L.D., as chairman of the American Association of Workers for the Blind awards committee, announces that Philip N. Harrison, executive secretary of the Pennsylvania Association for the Blind, has been selected to receive the Ambrose M. Shotwell Memorial Award, and Eleanor M. Ingram, administrative assistant to the executive secretary of the Virginia Commission for the Visually Handicapped, to receive the Alfred Allen Award.

Presentation of these awards will be made during the AAWB convention in Miami Beach, Florida. The Shotwell Award will be presented at the banquet on the evening of September 1, and the Allen Award at the membership breakfast on the morning of August 30.

Research in Review

Conducted by Herbert Rusalem, Ed.D.

"Age and the Working Lives of Men," by F. Le Gros Clark. London, England, The Nuffield Foundation, 1959.

Statistically, blindness has been associated with advancing age. It is estimated that about half of all blind persons in the United States are sixty-five years of age or over. As a result, the education and rehabilitation of a large segment of the blind population concerns the effects of a geriatric process, of which blindness may be only one symptom. Thus, the older blind individual, in addition to visual loss, may be exposed to other tissue changes, loss of social status, deprivation and downgrading of employment, loss of social and psychological capacity to deal with a complex environment, and disruptions in family and social relationships.

Owing to the fact that work usually has a profound significance for the individual, going far beyond the necessity of earning a living, the literature of geriatrics is being enriched by studies of retirement, vocational adjustment, and placement problems of persons in older age groups. In view of the relationship between declining job opportunities and advancing age, even in a presumably non-disabled population of older workers, there has been pessimism expressed about the vocational potentialities of older blind persons. In fact, some agencies tend to focus their vocational evaluation and training efforts upon younger clients. This is done in the belief that the combined handicaps of blindness and age constitute almost insuperable barriers to competitive employment.

There is an increasing awareness that service to blind persons cannot work with such problems in isolation. The general field of geriatrics is moving forward in program and research. The findings and experience of those working with more general populations of older persons seem to have relevance for older blind persons. In fact, it may be hypothesized that some of the problems in the area of blindness may not be adequately solved until comparable problems are solved in the general aging population. If this is so, it is important for professional workers with the blind to maintain an awareness of developments in geriatrics.

The Clark study helps us to do this with the added advantage of introducing us to the ideas and approaches of research workers in England.

THE FINDINGS. This study is basically a survey and distillation of the current statistics on older workers in Great Britain. A variety of sources were tapped, including: 1) surveys of the Ministry of Pensions and National Insurance; 2) census tables of age and occupation; and 3) other studies of older workers.

The material presented is limited to male manual workers, sixty years of age and over. In each instance, the author presents relevant data from a number of sources, makes comparisons, and analyzes the meanings of the statistics. In its simplest form, this study aims to answer four questions:

1. How many aging men become incapacitated for further work through chronic invalidity?

"There is a substantial amount of incapacitating or chronic ill health among older workers." This increases with age. Conservative estimates indicate that 5 per cent of workers sixty years of age are withdrawing from the labor force through "prolonged bouts of illness." At age sixty-five, it is affecting 10 per cent, and at age seventy, 20 per cent. The author describes

this group as "the hard core of unemployability among the older men." It is suggested that "this core will yield only with the slow progress of the medical science of geriatrics."

2. How many of the older men have to moderate or change their jobs?

"We are faced with many older men who exist for a while suspended, as it were, between chronic ill health and full working capacity. They constitute the true problem of senescence." It is suggested that this group requires modifications in job tasks without which they could not remain in the labor force. It is indicated that the current failure to make such adjustments results in withdrawal from the labor market before an appropriate retirement date.

It is estimated that this group constitutes 20 per cent of all men aged sixty-five. By age sixty-eight, it is thought that the number is doubled. There are twice as many men in this group as in the chronically ill group. Furthermore, something concrete could be done to assist these "marginal" workers. Although it would not be "a trivial undertaking," many of the members of this group could be absorbed into the industrial community. However, at this point, the problem of industrial aging for this group constitutes a crucial question in human senescence.

3. How far does his job determine the employment prospects of an older man?

". . . the jobs men do play a dominant, even the decisive, role in determining the rates at which they have physically to leave them for good." By age sixty, men have become so closely identified with their lifetime jobs that a change-over is difficult. Yet, change-over may be made increasingly necessary owing to technological change. One of the factors in this change is that industrial processes have speeded up. ". . . this may well account for the departure of an increasing number of 'marginal' elderly men."

The process of change-over may present reality barriers to older workers who can no longer continue in their accustomed work. Two of these barriers described by the author are: a) the highly limited availability of job alternatives in some geographical areas, and b) the difficulty some aging men have in adapting to new conditions of work. "It becomes clear, in fact, that we have to see the problem less as a simple matter of delaying the average age of retirement than as a very complex pattern of contrasted jobs and opportunities."

4. At what rates do men really retire from work and for what causes?

The three major reasons given by men applying for state pensions at age sixty-five are: a) physical incapacity incurred prior to age sixty-five which has already resulted in virtual retirement; b) incipient ill health; and c) discharge from employment. It is felt that a significant proportion of the men in this group were asked to leave their jobs because they were no longer considered effective. This ineffectiveness is thought to be related to "strain or incipient ill health."

It is suggested that a basic question which needs to be investigated among men who apply for pensions is: "Did they, then, apply for their pensions because they preferred to retire or because no alternative work seemed to be available?" The author wonders if industry is failing to absorb a large proportion of this "marginal" group.

The conclusions arrived at in this study include:

1. Arbitrary retirement ages in industry need to be re-assessed.

2. A familiar place of work has a meaning and a value to the older worker. Transfer to new places of work and radically different jobs may be difficult to manage for many older persons.

3. All too often, industry perceives aging as equivalent to "physical derangement." Industrial senescence may occur earlier than the person's real physical capacities would justify.

4. A number of occupations have been

perceived as satisfactory alternatives for older workers. Among these are watchmen, office cleaners, caretakers, elevator operators, gardeners, bath attendants, etc. The demand for workers in these occupations is such that only a small proportion of older workers will find employment in them, even if psychologically ready for such a transfer.

5. During the later years, there is a measurable rate of withdrawal from the labor force. Among those who have not yet withdrawn, a great proportion are undergoing "industrial aging" in which there is a down-grading of work responsibilities and a greater instability of employment. Studies are needed of persons going through this period of the work life, particularly of the interrelated factors of diminishing work opportunities and diminishing work motivation.

IMPLICATIONS. Based upon this study, it would seem that the major problem of the older worker is that he is perceived as "vocationally senescent" while he is still able and motivated to work. When this occurs, he is likely to be deprived of the social and psychological values of employment which, in many cases, serve to deter the aging process. In the face of a denial of employment opportunities, he may suffer an accelerated rate of physical and emotional decline.

Professional vocational workers in the area of blindness tend to see blindness as a minor barrier to the performance of many work tasks in our society. Yet, blindness tends to accentuate "industrial aging." The combination of blindness and the normal aging process is often interpreted to be equivalent to unemployability. Consequently, industry tends to accept relatively few blind persons who are over the age of sixty. In a reality sense, this policy ignores the individuality of blind workers. If blindness is not vocationally handicapping for some persons in some job situations and if aging is not tantamount to the complete loss of vocational effectiveness, the combination in some individuals need not be totally disabling.

The facts, however, come into conflict with established practices in industry. In the current job market, blind persons aged sixty and over are expected to continue to face major obstacles to employment in industry. The diminution of opportunities, however, does not necessarily reduce the individual's need for the status, earnings, and satisfactions to be derived from paid work. In fact, a work experience may be essential in the process of conserving the individual. As in other instances, until society becomes ready to adjust its approach to older disabled workers, social agencies will be asked to fill the gap.

The most feasible solution for the large population of older blind persons who desire work and can achieve a level of productivity seems to lie in the workshop. Yet, even here, older workers may be regarded much as industry regards them. Some workshops have introjected the standards of the larger society and have retired older blind workers who were still motivated to work and had the capacity to do so. The alternatives seem clear. The older blind worker can be offered work opportunities through the workshop or he can withdraw from the labor market. For a proportion of blind persons the latter course of action has serious consequences.

As the proportion of older persons in our population increases and, consequently, as the incidence of blindness due to tissue deterioration undergoes a corresponding increase, workshops may expect a heightened demand for their services from older blind persons. Even now, the demand for such services exceeds the workshop facilities in many communities. If this increasing demand for service is to be met effectively, it seems that some organized research and long-range planning among the workshops is necessary. The problems of the older blind person are upon us. In the days ahead, an increasing degree of vocational program emphasis will have to be placed upon service to this group.

Appointments

★ John R. Butler and James W. Linsner have recently been appointed to the staff of the American Foundation for the Blind.

Mr. Butler has assumed the position of director of the National Personnel Service, in the Division of Community Services. A native of Syracuse, New York, he received his A.B. degree from Syracuse University, where he majored in sociology and psychology. He received a master of social science degree at the University of Buffalo. Prior to his appointment Mr. Butler was consultant in psychiatric social work with the New Jersey Department of Health. He also has experience in casework, administration, and program development in mental health and alcoholism clinics.

Mr. Linsner has been assigned to the staff of the Bureau of Technological Research in the Foundation's Division of Technological Services. His A.B. degree is from St. John's College. His further studies were in music, at Oberlin Conservatory of Music and at Yale University Graduate School of Music. Mr. Linsner's experience also includes that of methods research analyst with training in the programming of digital computers.

News Briefs

★ Two new projects have been completed recently by the Library for the Blind, a department of the Free Library of Philadelphia. The first consists of recorded book talks produced on a twelve-inch record operating at 16⅔ r.p.m. Written by S. J. Leon, a professional assistant at the Library for the Blind, these critical and descriptive summaries of twelve talking books have been tape-recorded by Edward H. Riddle, Volunteers Service for the Blind, and Blake Ritter, Radio Station WRCV, and reproduced on records by the American Printing House for the Blind. Single copies have been sent to all regional libraries for the blind and the remainder are available to patrons served by the Philadelphia Library. The Library for the Blind is also issuing *Playback*, the first in a series of tape-recorded articles selected from outstanding inkprint magazines. Recorded by volunteers, *Playback* will appear at irregular intervals throughout the coming year. The first number includes complete articles from *Saturday Review, Harper's, New Yorker, Time,* and other well-known magazines. For the time being, *Playback* will be loaned only to blind persons already registered for tape service at the Library for the Blind.

★ Among sixty-four honor awards to outstanding employees of the Department of Health, Education, and Welfare, at its ninth annual awards ceremony in April, was one to J. Hiram Chappell, who is social administration specialist for rural training in the Office of Vocational Rehabilitation. Mr. Chappell received the Superior Service Award, and the Oveta Culp Hobby Award, which consists of an engraved certificate and two hundred dollars, "for pioneering and developing, through selfless devotion, imagination, and painstaking execution, a national program for the rehabilitation of blind people in agricultural pursuits."

The first secretary of health, education and welfare established a fund for the annual award named for her, to be given to an outstanding employee selected from those receiving Distinguished Service and Superior Service awards.

Mr. Chappell is well known and highly respected among blind people and workers for the blind throughout the country.

★ Probably the first instance of a large corporation publishing its annual report in a medium specially suited for blind persons is that of the American Telephone and Telegraph Company. That company's current annual report has been issued in braille and talking book for its blind shareholders and others. The talking-book edition is read by Alexander Scourby, and the introduction is provided by company officials. The Library of Congress announces that both editions have been presented to all regional libraries for the blind where they are available on loan. Blind shareholders, schools for the blind, and others who wish copies for permanent use should write to: S. Whitney Landon, Secretary, American Telegraph and Telephone Company, 195 Broadway, New York 7, New York.

Directory Changes

The following changes within various agencies for the blind should be made in your *Directory of Agencies Serving Blind Persons in the United States and Canada*, 1959 edition:

PAGE 33—Lending Library and Distributor of Talking Book Machines, California State Library. Information should read: "Regional library serving California and northern Nevada for . . . ."

PAGE 33—Division of Special Schools and Services. Add new subheading: *Opportunity Work Centers for the Blind*, Charles F. Block, Coordinator. Offer training occupational therapy and employment to blind persons who are not clients for regular rehabilitation programs or who do not desire full-time employment under competitive conditions. Centers are located at the following addresses: 2730 San Pablo Avenue, Berkeley 2; 840 Santee Street, Los Angeles 14; 780 South First Street, San José.

PAGE 46—Columbia Lighthouse for the Blind. New telephone number: CO 5-6290. New postal zone: 9.

PAGE 49—Florida Talking Book Library. Add: Mrs. Pauline Barto, Secretary.

PAGE 59—Department of Public Instruction. George T. Wilkins replaces Vernol L. Nickell.

PAGE 68—State Department of Public Instruction. Add address: State Capitol Building, Topeka.

PAGE 69—Distributor of Talking Book Machines, Division of Services for the Blind. New address: State Office Building, Topeka.

PAGE 69—Vocational Rehabilitation and Other Special Services, Division of Services for the Blind. Gordon L. Grabhorn replaces Malcolm Jasper. Add ("maintains district offices in . . . Wichita"): and Chanute.

PAGES 76, 77—State Department of Health and Welfare. Delete John Q. Douglas.

PAGE 83—Camp Allen, Inc. Delete: address and Arthur Camer. Add: Lee H. Brow, Box 114, Hanover Station, Boston 13.

PAGE 85—Protestant Guild for the Blind. Delete: C. Charlotte Nelson.

PAGE 87—Wayne County Library. New address: 33030 Van Born Road, Wayne.

PAGE 91—St. Paul Society for the Blind. Add: Henry A. Daum, Executive Director.

PAGE 101—Nebraska Public Library Commission. Add: Mrs. Dorothy Lessenhop, Librarian, Books for the Blind.

PAGE 114—Binghamton Blind Work Association, Inc. Add telephone exchange: RAymond. James F. Zinck replaces Mary K. De Witt.

PAGE 123—Jefferson County Association for the Blind. Mrs. Muriel P. Burns replaces Miss Nell M. Horton.

PAGE 125—North Carolina State Library. Add: Evelyn Peeler, Librarian.

PAGE 126—Mecklenburg County Association for the Blind, Inc. Arthur Dye, Executive Secretary, replaces Mrs. Bea Harrill, Acting Executive Secretary.

PAGE 134—Goodwill Industries of Dayton, Inc. Wallace D. Watkins replaces Lee H. Lacey.

PAGE 150—Pennsylvania Working Home for the Blind. Delete (before Executive Director): Acting.

PAGE 166—Texas Blind, Deaf and Orphan School. Delete: State Board of Hospitals and Special Schools. Add: Texas Youth Council.

PAGE 168—Beaumont Association for the Blind. Delete entire entry; program discontinued.

PAGE 169—Houston-Harris County Lighthouse for the Blind. Add to description (space available on page 171): Houston Center for Blind Children (main office address; tel. JA 2-2331). Inc. 1957. Robert W. Carrick, Executive Director. Serves entire state. Supported by voluntary funds. A nursery school facility for children 2½ to 5; family counseling, including home visits to parents of children through 16 years of age; diagnostic evaluations, special education program and therapy.

PAGE 170—La Marque Lions Lighthouse of Galveston County. Alvin Price replaces Max Fagg.

PAGE 186—Carnegie Library of Pittsburgh. New address: Federal and East Ohio Streets, Pittsburgh 12.

PAGES 206 and 209—Jewish Braille Institute of America, Inc. New address and telephone: 48 East 74th Street, New York 21; YU 8-6060.

PAGE 207—John Milton Society. New address: 475 Riverside Drive, New York 27.

PAGE 207—Lutheran Braille Evangelism Association. New address: 902 Hennepin Avenue.

Classified Corner

This department is a New Outlook *service to readers who wish to publish notices of positions open for application as well as those who are seeking employment in the field of work for the blind or deaf-blind. No charge is made and we will print as many as space will permit. The publishers do not vouch for statements of advertisers.*

We also will print without charge miscellaneous notices of interest to professional workers which are of a non-commercial nature. All other advertising will be accepted at rates which are available on request.

Address correspondence to: NEW OUTLOOK FOR THE BLIND, *15 West 16th Street, New York 11, N. Y.*

POSITION OPEN: Home teacher capable of developing home teaching program in a large city and northeastern Florida area. Must be blind by legal definition. College graduate, Class II home teaching certificate. One year experience as home teacher or two years in related fields plus one year in paid employment. Salary starts $315 per month; $330 following probationary period. Work out of Pensacola office. Write George J. Emanuele, Director, Medical and Social Services, Florida Council for the Blind, P.O. Box 1229, Tampa 1, Fla.

POSITION OPEN: Staff psychologist as member of a team composed of psychiatric social worker, special teacher, consultant psychiatrist and consultant pediatric ophthalmologist, in giving services to visually impaired children and their parents. Developmental follow-up of blind infants and parent counseling; psychological evaluations; play therapy; consultation to nurseries and public schools; educational preparation for disturbed blind children of school age; research. Minimum qualifications: M.A. degree in clinical psychology with advanced training in diagnosis and therapy with children. Salary: $6,000 to $7,800. Write: Robert W. Carrick, Executive Director, Houston Center for Blind Children, 3531 W. Dallas, Houston, Tex.

POSITION OPEN: Home teacher for the blind. College degree and work experience required. Beginning salary, approximately $4,300.00 per year; steno driver furnished. Send qualifications, work history and personal data to: T. V. Cranmer Director, Division of Services for the Blind, Bureau of Rehabilitation Services, New State Office Building, Frankfort, Ky.

POSITION OPEN: Teacher of blind children in new public school program beginning September. Ten children in program. Starting salary: with B.A., $4,275; with M.A., $4,475; substantial increase anticipated for next school year. Write Dr. Monty Sontag, Special Education Director, Odessa Public Schools, Odessa, Tex.

POSITION OPEN: Challenging opportunity with private agency serving visually handicapped children, from infancy through high-school. Applicants should have background and experience in special education, especially in public-school classes serving blind children. Apply Claire L. Jackson, Director, Dallas Services for Blind Children, Inc., 4015 Normandy at Preston Rd., Dallas 5, Tex.